

Report of Autopsy

NAME:	LOPEZ-PEREZ, AMILCAR			CASE No	150401P
AGE:	20	GENDER:	Male	NATIONALITY:	Guatemalan
DATE OF BIRTH:		DATE OF DEATH:	2015-02-26	HOUR OF DEATH:	21:54
HOUR AND DATE OF AUTOPSY: 08:46, 2015-03-, Windsor-Healdsburg Mortuary, Windsor, California					

Findings

- Gunfire injuries:
 - Gunshot wounds to back: three penetrating, one perforating.
 - Gunshot wound perforating, right arm.
 - Gunshot wound, perforating, to head.
 - Findings consistent with grazing wound, right anterolateral chest.
- Cutaneous abrasions and contusions.
- Status post complete autopsy and prolonged storage.

Provisional Report

Please note that provisional reports are issued in instances in which further studies or procedures are necessary for completion of the case and determination of cause of death. Provisional reports are issued for informational purposes only, are subject to editing, and should not be regarded as definitive until the final report is issued. In instances involving second autopsies, final determinations are not possible until the original autopsy findings are reviewed.

Probable Cause of Death: Gunshot wounds to head and chest.

2015-04-01

EXTERNAL EXAMINATION

WEIGHT:	131 lb	LENGTH:	63 in	HAIR:	Long, black
IRIDES:	Brown	PUPILS:	<i>O.D.</i> 3 mm <i>O.S.</i> 3 mm	ANOMALIES:	Optic globes collapsed
MUSTACHE:	None	BEARD:	None	CIRCUMCISION:	No
RIGOR MORTIS:	Passed	LIVOR MORTIS:	Faint, posterior		

The unclothed body, contained within an unsealed white body bag, is that of a small, normally developed and normally nourished, young, dark-skinned male that has been previously subjected to autopsy examination. Changes of putrefaction are present, primarily characterized externally by foci of skin slip and growth of mold. Scattered foci of "postmortem abrasion" (skin slip) are noted on the face and forehead especially and scattered on the torso.

An identification tag attached to the right great toe gives identification as "John Doe" with the weight and height recorded above. The funeral home owner, [REDACTED], however, produced a memorandum from the Chief Medical Examiner for the City and County of San Francisco that identifies this remains, who died on 26 February 2015 and was released with the notation that no communicable disease was evident, to be those of Amilcar Lopez-Perez.

The extremely crudely-sutured prior autopsy incisions are a very shallow Y incision from anterior shoulder to anterior shoulder dipping to the superior sternal region with an associated midline incision to the pubic area. Other incisions involve the region superior to the left nipple producing a quite irregular flap of skin that is from 4 mm to 5.7 cm in width from the shoulder to the midline incision.

A vertical postmortem incision extends from the prior horizontal incision parallel and medial to the left anterior axillary line to the inferolateral left rib cage, and there are three trailing edges inferiorly.

An incision parallel to the superior portion of the midline incision produces an extremely narrow strip of skin ranging from 3 mm to 12 mm wide in the mid chest region with its inferior portion remaining attached.

Other very crudely-sutured postmortem incisions involve each anteromedial thigh from the mid inguinal region distally, 24 cm long on the right and 23 cm on the left.

On the mid anterolateral right arm is a small square sticker with "F", and on the anteromedial aspect at approximately the same level is a similar sticker with "J".

There is marked contusion up to 13 cm in the anterior left chest wall in the region of the sutured postmortem incisions. This region is involved with gunfire injuries to the rib cage, but the skin and tissues have been markedly altered, and no definitive perforations of the skin are identified. There are two intense foci of contusion within this region.

A zigzag healed irregular scar is present on the ventral right forearm. The mid horizontal section crosses approximately the mid ventral right forearm. From this 6-cm horizontal section, a 6-cm segment extends superiorly on the anteromedial surface of the forearm, and a 6-cm vertical segment extends inferiorly along the anterolateral surface.

Early regrowth of shaven pubic hair is noted.

On the dorsal proximalmost right arm slightly inferior to the lateral aspect of the posterior axillary fold is a 12 x 4-mm irregular abrasion.

In the mid back over the inferior thoracic region are vertically oriented abrasions on either side of the posterior midline, more severe on the left than on the right. The abrasion 10 mm right of the midline is a vertical 8.5-cm superficial linear abrasion. The fairly markedly abraded region 12 mm left of the posterior midline is 45 x 12 mm.

In approximately the mid scapular line over the inferior chest cage is a vertical approximately 12 cm mild reddish abrasion/imprint.

Description of Gunshot Wounds

Please note: *The descriptions given here concerning direction are the best ascertainable by this prosector given the alterations of the body by previous dissection, evisceration, and decomposition of viscera. They are subject to revision in a final resolution report after review of the original autopsy report.*

Gunshot wound #1 10-mm circular entry has a classical abrasion cuff that is skewed superiorly and laterally, consistent with a downward and leftward direction passing forward through the body. It is located in the right posterior shoulder region 27 cm inferior to the plane of the top of the head and 9.5 cm right of the posterior midline in the scapular region. The path apparently involves the scapula and right fifth intercostal space 3.7 cm right of the vertebral midline, not following the rib contour, and is apparently directed acutely downward, forward, and leftward.

Gunshot wound #2 approximately 18 x 12-mm ovoid entry is located 41 cm inferior to the plane of the top of the head and 7 cm right of the posterior midline in the right posterior mid thorax. The abrasion cuff is skewed and most prominent at the inferior aspect of the wound where it is up to approximately 5 mm. This wound apparently associated with fractures of ribs six and 7 at a point approximately 10.5 cm right of the vertebral midline. There is also a simple fracture of the right eighth rib. The path of this missile is not determined. It may pass leftward to cause one of the perforations of the left chest plate, A or B described below.

Gunshot wound #3 approximately 6-mm circular entry is 45 cm inferior to the plane of the top of the head and approximately 6 cm right of the posterior midline inferior and slightly medial to wound #2. The abrasion collar is slightly skewed to the left.

This wound path appears to pass through the right ninth intercostal space in the gutter region 50 mm right of the vertebral midline, through the seventh right intercostal space lateral to the costochondral junction 11 cm right of the midline in the xiphisternum, and then through the skin to exit via a 16 x 12 mm perforation (number 7 in photographs) that is situated approximately 47 cm inferior to the plane of the top of the head and approximately 11.5 cm right of the anterior midline in the right anterolateral/lateral chest.

The exit wound margins appear everted, and there appears to be some minimal marginal abrasion.

Gunshot wound #4 approximately 10 x 6-mm entry is 40 cm inferior to the plane of the top of the head and 8 cm left of the posterior midline in the left posterior thorax. There is an apparently symmetrical abrasion cuff. This wound is associated with perforation of the left eighth rib. The path of this missile is apparently forward to produce one of the two perforations of the left chest plate—either A or B, as described below.

Gunshot wound #5 is a perforating wound involving only the soft tissues of the posterior mid right arm. The approximately one-cm entry hole has a well-defined abrasion collar and is located approximately 10 cm inferior to plane of the posterior axillary fold on the posterolateral aspect of the arm.

The exit wound is a laceration up to approximately 2.5 cm on the medial aspect of the right arm at approximately the same level as the entry wound. The direction is from right to left on the horizontal and very slightly anterior. The path involves the skin, subcutaneous tissues and muscle without discernible bony involvement. The wound path is not opened.

Gunshot wound #6 is a perforating wound to the head. The entry (not numbered on photographs) is approximately 10-mm in diameter and is situated in the left parietal region immediately dorsal to the bitemporal postmortem scalp incision approximately 4.5 cm inferior to the plane of the top of the head and approximately 9 cm left of the posterior midline following the contour of the head.

Fractures radiate from this wound and involve the left middle fossa and left orbital plate. Additional linear fracture crosses the parietal bones rightward. There is distinct inward beveling of this wound.

The exit wound in the right frontal scalp, 7.5 cm inferior to the plane of the top of the head and 6.5 cm right of the anterior midline in the mid forehead, is an irregular 20 x 12-mm laceration of the scalp with no apparent abrasion. Outward beveling of the bone is noted in this skull perforation.

Please note: *Approximately 0.5 cm inferior to the exit wound preliminarily connected to gunshot wound #3 and approximately 8.5 cm inferior to the right nipple is a deep approximately 5.7 x up to 0.5-cm abrasion highly suggestive of a grazing gunshot wound. It conceivably could represent a continuation of the path of the bullet that perforated the right arm.*

Internal Examination

The body is opened by removal of the crude sutures from the previous autopsy incisions. The body is completely eviscerated from oral cavity through the pelvis and scrotum. The viscera are in a stage of moderate to advanced decomposition and are contained within three plastic bags within the body cavity.

The cranial incision is similarly opened, and the cranium is found stuffed with newspaper.

The chest plate is in a bag separate from other viscera, and fractured segments of two ribs are in a single piece within the body cavity.

There are two gunshot perforations directed from posterior to anterior of the left side of the chest plate. The superior one of these perforations (A) involves the third intercostal space approximately 28 mm left of the sternal midline.

The inferior one (B) involves the cartilaginous portion of the left fifth rib 35 mm left of the sternal midline. Cartilaginous fragments produced by perforation of the rib project anteriorly from the wound.

All of the visceral remains in the three bags are grossly examined. Many of the tissues are not readily identifiable due to their decomposed and dissected/dismembered state. A segment of apparent diaphragm is perforated by a gunshot path, and portions of liver appear somewhat pulped from gunfire injury. No absolutely definitive findings can be made from these previously dissected and decomposing viscera.

The postmortem sutured incision of each anteromedial thigh is opened. Incisions extend into the muscular tissues on either side. No injuries are identified, and the exact reason for these incisions is not clear.















